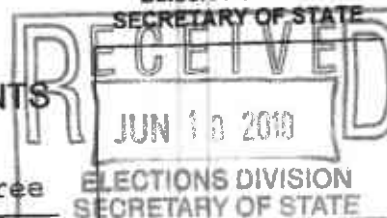


Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Name of Committee Committee to Re-Elect Janace Harvey-GoreeAddress P. O. Box 1737, Canton, MS 39046Telephone (769) 243-0372 Fax (469) 342-8188Treasurer Delisha Goree Email kgoree9778@aol.com

DATE STAMP

☐ Check here if above is different from previous report**TYPE OF REPORT**

- May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory
- X June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory
- July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory
- October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory
- October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory
- November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory
- Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 1,500.00 \$ 450	\$ 1,950.00	\$ 1,950.00
Total amount of disbursements	\$ -0- +\$ 656.52	\$ 656.52	\$ 656.52
Total amount of cash on hand		\$ 1,293.48	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Director or Treasurer

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39206 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Janace Harvey-GoreeReporting period May 1, 2010 through May 31, 2010**ITEMIZED RECEIPTS**

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Reeves Jones</u>		<u>5 / 5 / 10</u>	\$ 500.00
Mailing Address <u>P. O. Box 742</u>		<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39205-0742</u>		<u> / / </u>	\$
Name of Employer (Required) <u>Self Employed</u>		<u> / / </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Kelly M. Collins</u>		<u>5 / 6 / 10</u>	\$ 250.00
Mailing Address <u>P. O. Box 54</u>		<u> / / </u>	\$
City, State, Zip Code <u>Yazoo City, MS 39194-0054</u>		<u> / / </u>	\$
Name of Employer (Required) <u>Self Employed</u>		<u> / / </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Cynthia A. Stewart</u>		<u>5 / 8 / 10</u>	\$ 250.00
Mailing Address <u>P. O. Box 2629</u>		<u> / / </u>	\$
City, State, Zip Code <u>Madison, MS 39130-2629</u>		<u> / / </u>	\$
Name of Employer (Required) <u>Self Employed</u>		<u> / / </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Peyton J. Randolph, II</u>		<u>5 / 10 / 10</u>	\$ 500.00
Mailing Address <u>613 Steed Rd</u>		<u> / / </u>	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>		<u> / / </u>	\$
Name of Employer (Required) <u>Self Employed</u>		<u> / / </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$